



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 15, 2021

Tracey Holt
Hearthside Assisted Living
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

RE: License #: AH170271455
Hearthside Assisted Living
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

Dear Ms. Holt:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Staff
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AH170271455

Licensee Name: Superior Health Support Systems

Licensee Address: Suite 120
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

Licensee Telephone #: (906) 632-9886

Authorized Representative/ Tracey Holt, Authorized Repr.

Administrator/Licensee Designee: Tracey Holt

Name of Facility: Hearthside Assisted Living

Facility Address: 1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

Facility Telephone #: (906) 635-6911

Original Issuance Date: 08/01/2006

Capacity: 64

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/13/2021

Date of Bureau of Fire Services Inspection if applicable: 12/11/2020

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/13/2021

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 22
No. of others interviewed [redacted] Role

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
- Number of excluded employees followed up? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC homes for the aged.

Laura Mahman

10/15/2021

Licensing Consultant

Date